FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB

FCC 395		COMMON CARRIER ANNUAL EMPLOYMENT REPORT [Please read instructions before completing and for Notice regarding public burden.]												Est. time per response: 1 hour			
SECTION 1 - General Information																	
Name and Mailing Address of Respondent: USCOC of Greater Oklahoma, LLC 8410 Bryn Mawr Ave Chicago, Illinois 60631												Check here if this is a change of address					
FRN: 2840296											,0842,08						
 Year Report Filed 2017 	3. Re	Reporting Period (Ending Date of Pay Period Covered by Report) 3/15/2017 to 3/31/2017 4 Number of Full-Time Employees during Selected Real Fewer than 16 (complete Sections 1, IV, and V b. 16 or more (complete all sections)															
SECTION II - Full Time	Employ	rees.															
	Number of Employees (Report employees in only one category)																
Job Categories			Race/Ethnicity														
			inic or	Not-Hispanic or Latino													
		Latino		Male								Fen	nale				
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	Total Columns A-N	
		Α	В	С	D	Е	F	G	Н	1	J	К	L	М	N	0	
Executive/Senior Level Office and Managers	1.1_	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
First/Mid-Level Officials and Managers	1.2	2	2	22	2	0	0	0	11	10	1	0	1	4	1	46	
Professionals	2	0	0	3	0	0	0	0	0	3	0	0	0	0	0	6	
Technicians	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Sales Workers	4	5	5	34	12	0	1	5	3	24	8	0	0	7	3	107	
Administrative Support Workers	5	0	0	0	0	0	0	0	0	5	0	0	0	0	0	5	
Craft Workers	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Operatives	7	0	0	0	0	0	0	0	0	0	0	0	0	О	0	0	
Laborers and Helpers	8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Service Workers	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
TOTAL	10	7	7	56	14	0	1	5	4	42	9	0	. 1	- 11	4	161 164	
PREVIOUS YEAR TOTAL	11	7	9	25	34	10	1	7	2	47	7	0	0	10	5	164	

SECTION III - Part	Time	Employee	s.																		
Job Categories		Number of Employees (Report employees in only one category)																			
							· · · · · · · · · · · · · · · · · · ·		Race/Ethn												
	i	Hispanic or		Not-Hispanic or Latino																	
		Ľa	tino			Ma	ale			Fer											
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	Total Columns A-N					
		Α	В	С	D	Ε	F	G	Н	1	J	К	L	М	N	0					
Executive/Senior Level Officials and Managers		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
First/Mid-Level Officials and Managers	s 1.2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
Professionals	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
Technicians	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
Sales Workers	4	2	0	6	2	0	0	0	0	9	0	0	0	2	2	23					
Administrative Support Workers	t 5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
Craft Workers	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
Operatives	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
Laborers and Helpers	8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
Service Workers	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
TOTAL	10	2	0	6	2	0	0	0	0	9	0	0	0	2	2	23					
PREVIOUS YEAR TO	TAL11	0	4	4	1	0	0	1	3	7	1	0	2	0	0	23					
SECTION IV - Rep	port of	Discrimin	ation Com	plaints Pu	suant to 47	7 CFR 22.32	21, 23.55, 90).168, 101.4	l, and 101	,311											
This is to ad this compan This is to ad company (A disposition	ry befo Ivise tl	ore any boo he Commis	dy having o	competent the following	jurisdiction ng complai	n in such m nts alleging	atters durii violations	ng the cale of the prov	ndar year visions of	covered by any equal	oy this repo I employm	ort ent opportu	nity statu	te have bee	n filed agai	filed against inst this it status or					
SECTION V - Cert	tificati	on																			
I certify that to th		t of my kno	owledge, in	formation,	and belief	all stateme		report are	true and c	correct			I=								
5/8/2017			Cozzone				Signature	ne	M.	Cn o	ne		773 399								
Title of Person Signing Government Co	omplia	ance Dive	ersity Maı	nager	AND/O	R REVOCA	E STATEME TION OF A	NTS MADI NY STATIO	Title of Person Signing Government Compliance Diversity Manager WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U S C 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U S C 312 (A)(1) AND/OR FORFEITURE (47 U S C 503)												

FCC 395